

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

2509177

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 72085

4. Contact Name: SUSAN MILLER

2. Name of Operator: PETRO-CANADA RESOURCES (USA) INC

Phone: (303) 228-4246

3. Address: 999 18TH ST STE 600

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202-24

5. API Number 05-123-30061-00

6. County: WELD

7. Well Name: DF RANCH

Well Number: 1161-3-43

8. Location: QtrQtr: SWSE Section: 3 Township: 11N Range: 61W Meridian: 6

9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING

| | | | |
|-----------------|------------|--|------------|
| Treatment Date: | 05/24/2010 | Date of First Production this formation: | 06/02/2010 |
|-----------------|------------|--|------------|

| | | | | | | | | |
|--------------|------|------|---------|------|------------|-----|------------|--------|
| Perforations | Top: | 7670 | Bottom: | 7714 | No. Holes: | 112 | Hole size: | 42/100 |
|--------------|------|------|---------|------|------------|-----|------------|--------|

Provide a brief summary of the formation treatment: Open Hole: ☐

FRAC'D J-SAND W/317444 LBS PROPPANT OTTAWA; VOL PUMPED 185892 GALS SLURRY AT AVG RATE OF 44.80 BPM.
PERFORATION DETAIL: 7670-7690; 7704-7714.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|----|----------|---|-----------|-----|
| Date: | 06/11/2010 | Hours: | 24 | Bbls oil: | 33 | Mcf Gas: | 0 | Bbls H2O: | 179 |
|-------|------------|--------|----|-----------|----|----------|---|-----------|-----|

| | | | | | |
|--------------------------|-----------|----------|-----------|------|---|
| Calculated 24 hour rate: | Bbls oil: | Mcf Gas: | Bbls H2O: | GOR: | 0 |
|--------------------------|-----------|----------|-----------|------|---|

| | | | |
|----------------------|----------------|-----------------|-------------|
| Test Method: PUMPING | Casing PSI: 90 | Tubing PSI: 108 | Choke Size: |
|----------------------|----------------|-----------------|-------------|

| | | | | | | | |
|------------------|-------------|-----------|-----|----------|------|------------------|----|
| Gas Disposition: | RE-INJECTED | Gas Type: | WET | BTU Gas: | 1242 | API Gravity Oil: | 43 |
|------------------|-------------|-----------|-----|----------|------|------------------|----|

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7593 Tbg setting date: 05/26/2010 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: ☐ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SUSAN MILLER

Title: REGULATORY Date: 7/9/2010 Email: SMILLER@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin

Director of COGCC

Date: 12/7/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2509177 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|------------------|-------------------------|
| Permit | requested form 5 | 12/1/2010 9:22:12 AM |

Total: 1 comment(s)